MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 538171 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I			I			51			c	c		
2		I					52						
3	c	c					53				I		
4		I					54						
5	c	c					55						
6		I					56						
7		I					57						
8		I					58						
9	c	c					59						
10		I					60						
11		I					61						
12							62				I		
13	c	c					63						
14		I					64			I			
15		I					65						
16		I					66	c	c				
17							67		I		I		
18				I		I	68						
19				I			69						
20				I			70						
21							71			I			
22							72			I			
23				I			73						
24		I					74						
25		I					75						
26		I	c	c			76						
27	c	c		I			77						
28		I		I			78						
29							79						
30			c	c			80						
31				I			81						
32				I			82						
33				I			83						
34				I			84						
35							85						
36							86		I				
37							87						
38							88						
39							89		I				
40							90						
41				I			91						
42				I			92						
43				I			93						
44				I			94						
45							95						
46		I		I			96						
47		I	c	c			97		I				
48		I					98		I				
49		I		I			99		I				
50	c	c					100	c	c				
TOTAL IND.							**TOTAL IND.**			3			
TOTAL DEP.							**TOTAL DEP.**			70			
TOTAL CLAIMS							**TOTAL CLAIMS**			73			

PTO - 1360 (REV. 11/04)

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